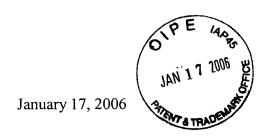
## Collier Shannon Scott

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Commissioner for Patents MAIL STOP APPEAL BRIEF P.O. Box 1450 Alexandria, VA 22313-1450

Re: U.S. Patent Application No. 08/804,900

For: METHOD FOR INCREASING SYSTEM RESOURCES

TO A USER

Our Reference: 59359-00601

Dear Sir:

Transmitted herewith for filing in the U.S. Patent and Trademark Office are the following documents:

- (1) Transmittal Form (1 page);
- (2) Fee Transmittal in duplicate (2 pages);
- (3) Appeal Brief (15 pages); and
- (4) Request for Extension of Time (one month) (1 page).

Please charge all fees due for this submission to Collier Shannon Scott Deposit Account No. 03-2469.

Please date-stamp the enclosed copy of this letter, acknowledging receipt of the above-identified documents, and return it to us.

Sincerely yours,

DAVID R. YOHANNAN, Reg. No. 37,480

Enclosures



PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

Under the Paperwork R	eduction Act of 1995, no person	s are required to respond to a co	lection of info	ormation unless it	displays a valid OMB control number.		
		Application Number	08/804,900		)		
TRANSMITTAL FORM		Filing Date	February 2	February 24, 1997			
		First Named Inventor	Robert Med				
		Art Unit	3628				
(to be used for all correst	ondence after initial filing)	Examiner Name	Frantzy Poinvil				
	21	Attorney Docket Number	59359-00601				
Total Number of Pages in This Submission							
ENCLOSURES (Check all that apply)  After Allowance Communication to TC							
Fee Transmittal Fo	ed	Orawing(s) Licensing-related Papers		└── of App	I Communication to Board eals and Interferences I Communication to TC		
After Final  After Final  Affidavits/declaration(s)  ✓ Extension of Time Request  Express Abandonment Request		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD rks	Address	Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):			
	SIGNATURE C	OF APPLICANT, ATTO	RNEY, C	R AGENT			
Signature Printed name	er shannon scott, pll	c 					
DAVID	R. YOHANNAN		Don No				
Date January	/ 17, 2006		Reg. No.	37,480			
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:							
Signature							
Typed or printed name	,			Date			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-01)(modified)
OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0002/PTO(modified) U.S. Department of Comme		Complete if Known				
Rev. 10/2001	Patent and Trademark Office	Application Number	08/804,900			
		Filing Date	February 24, 1997			
FEE TRANSMITTAL		First Named Inventor	Robert Mechaley, Jr.			
		Group Art Unit	3628			
TOTAL A	AMOUNT OF PAYMENT	Examiner Name	Frantzy Poinvil			
Subtotal (1) + Subtotal (2	) + Subtotal (3) = \$ 620 00	Attorney Docket Number	59359-00601			

METHOD OF PAYMENT		FEE CALCULATION (continued)								
		3 ADDITIONAL	LEFES							
1. The Commissioner is hereby authorized to:		3. ADDITIONAL FEES  Large Entity Small Entity								
Charge the indicated fees to the below mentioned deposit account.		Fee Code/Fee	Fee Code		Fee Descrip	ee Description		Fee Due		
		1 66 0006/1 66			·					
				105/ <b>\$130</b>	205/\$	65	Surcharge - late filing fee or oath		oath	
⊠ Char	ge any additiona	I fee required un	der 37	127/\$50	227/ <b>\$25</b> Surcharge-late provision		late provisional fil	ling fee or cover sheet	l	
CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. †		127/ <b>\$50</b>	22114	227/ <b>\$25</b> Surcharge-late provisional filing fee or cov			ing lee of cover sheet			
10 1110	to the below mentioned deposit account.		147/ <b>\$2,520</b>	147/\$2,	520	For filing a	request for reexa			
Appli	cant claims sma	II entity status								
See 3	37 CFR 1.27			115/ <b>\$120</b>	215/\$	60	Extension f	or response within	n first month	120
		116/ <b>\$450</b>	216/\$2	225	Extension f	or response withi				
Deposit Account Number: 03-2469 Deposit Account Name: COLLIER SHANNON SCOTT			117/ <b>\$1020</b>	217/\$	510	Extension f	or response withi			
		N SCOTT	118/ <b>\$1,590</b>	218/\$7	795	Extension f	or response withi			
A Duplicate Co	py of this autho	orization is attac	ched	128/ <b>\$2,160</b>	228/\$1	.080	Extension f	or response withi		
2. 🗌 Pay	2. Payment Enclosed:					·				
			Other	119/\$500	119/ <b>\$500</b> 219/ <b>\$250</b>		Filing a Brief in Support of An Appeal			500
FEE CALCULATION (fees effective 10/01/2001)			/01/2001)	141/\$1,500	241/\$7	750	Petition to r	evive unintentionally abandoned		
1. FILING FE							application	n.		
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	001/0150	Liver Fire		143/\$800	242/6	400	Design Issu	ın Enn		
101/ <b>\$300</b>	201/ <b>\$150</b>	Utility Filing		143/ <b>\$600</b>	243/\$		•			
106/ <b>\$200</b>	206/ <b>\$100</b>	Design Filing		122/ <b>\$130</b>	122/\$	130	Petitions to	the Commission	er	
108/ <b>\$790</b> 208/ <b>\$395</b>		Reissue		126/ <b>\$180</b>	126/\$	180	Submission	n of Information D		
				179/ <b>\$790</b>	279/\$3	195	Request for	r Continued Exam	nination (RCE)	
114/\$200	214/\$100	Provisional Filing	581/ <b>\$40</b>	581/	40	Recording each patent assignment per property				
		·g					_	ber of properties)		
SUBTOTAL (1)					(amos namos or proportion)					
		146/\$790	146/ <b>\$790</b> 246/ <b>\$395</b>			Filing a submission after final rejection				
2. CLAIMS				1			(37 CFR 1.	129(a))		
Large Entity	Large Entity Fee Code/Fee Fee Code/Fee Fee Description							ach additional invention to be examined FR 1.129(b))		
			on		(37 CFR					
103/ <b>\$50</b>	203/ <b>\$25</b>	Claims in exc	ess of 20							
102/ <b>\$200</b>	202/\$100	Independent	claims	Other fee (specify):						
, 02 4200	2024.00	Independent claims in excess of 3	Other fee (specify):							
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104/\$360	204/ <b>\$180</b>	Multiple depe	Multiple dependent claim	SUBTOTAL (3) 620.00						
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109/ <b>\$200</b>	209/ <b>\$100</b> 210/ <b>\$25</b>	Reissue independent claims over original patent Reissue claims in excess		No. of	Г	Highest				Fee
440/650			For Existing Claims	Previo Paid Fo			Extra**	Fee	Due	
110/ <b>\$50</b>	210/\$25	of 20 and ov		TOTAL	minus*	or	<del></del>			
		patent	J. J	INDEP	minus*	or	<del>-</del>			
[ ] First presentation of multiple dependent claim =							-			
	* Subtract the greater number of Col. 2 SUBTOTAL (2)									
** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3										
SUBMITTED BY						Complete (if ap	· · · · · · · · · · · · · · · · · · ·			
Typed or Printed Name DAVID R. YOHANNAN						Reg. Number	37,480			
Simular (1) of 2 ph						Date	January 17, 2006			